



COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

COPS Application Forms

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COPS in Schools 2002

Application Forms

Postmark deadline dates for the COPS in Schools 2002 applications:

May 17, 2002 – Priority consideration deadline

June 14, 2002 – Second and final deadline

U.S. Department of Justice
Office of Community Oriented Policing Services
Carl R. Peed, Director
OMB Approval Number: 1103-0027



COPS in Schools 2002

Application Forms

The following application is designed to assist law enforcement agencies seeking to hire new, additional career law enforcement officers or sheriff's deputies as School Resource Officers to engage in community policing in and around primary and secondary schools.

For more information about COPS grants, call the U.S. Department of Justice Response Center at 1.800.421.6770.



U.S. Department of Justice
Office of Community Oriented Policing Services
1100 Vermont Avenue, NW
Washington, DC 20530

Internet web site: <http://www.cops.usdoj.gov>

Revised March 2002

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Unless otherwise noted, failure to submit all required documentation at the time of application may delay processing and/or result in the denial of your application.

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COPS in Schools 2002 Application Form

Postmark deadline dates for the COPS in Schools 2002 applications:

May 17, 2002 – Priority consideration deadline

June 14, 2002 – Second and final deadline

Applications postmarked on or before May 17, 2002 will receive priority consideration for Fiscal Year 2002 funding. Applications postmarked after May 17, 2002, but on or before June 14, 2002 will receive secondary consideration. All grant awards are subject to the availability of funding.

The following application pages and enclosed forms are to be completed by jurisdictions wishing to apply for a COPS in Schools grant to pay for entry-level salaries and benefits of newly hired, additional School Resource Officers to be deployed to work in and around primary and secondary schools. COPS in Schools funds also may be used to pay for new, additional sworn officers who will take the place of locally-funded veteran officers that your agency deploys as the School Resource Officer(s) as a direct result of this grant. Furthermore, the SRO(s) must devote at least 75% of their time to work in and around primary and secondary schools, in addition to the time that your agency would have devoted in the absence of the CIS grant. ***[For additional information, please see examples on page 7 of the Application Instructions Manual.]*** By signing this form, your agency understands that the COPS in Schools program grants provide a maximum federal contribution of up to \$125,000 per entry-level officer over the three-year grant period, with any remaining costs to be paid with local funds. There are no waivers of the local match under the COPS in Schools grant program. All budget calculations must be based on the salary and fringe benefits of an entry-level officer in your department. ***Note: Please be sure to submit only one COPS in Schools grant application per law enforcement agency under the COPS in Schools 2002 open solicitation period, regardless of the number of schools or school districts involved in the partnership.***

COPS in Schools funding must be used to hire new, additional School Resource Officers, over and above the number of sworn officers that your agency would fund with state or local funds in the absence of the grant (including all officers locally budgeted and any officers already assigned to the schools). Your agency may not reduce its state, local or Bureau of Indian Affairs funded level of sworn officers (including all officers locally budgeted and any officers already assigned to the schools) as a result of applying for or receiving COPS in Schools grant funding. ***[For additional information, please see page 13 of the Application Instructions Manual.]***

In addition to the demographical information collected on the application forms, applicants must also submit the enclosed ***Memorandum of Understanding*** (MOU) Form that outlines the roles and responsibilities of the collaborative effort between the

law enforcement agency and the primary and/or secondary school(s). The MOU requires the original signatures of the law enforcement executive and appropriate school official. In addition, applicants must also submit a separate typewritten double-spaced ***Narrative Addendum*** on department letterhead to address the four bulleted topics listed on the ***Narrative Addendum*** page included in your Application Kit.

COPS in Schools grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of the COPS grant funding. The additional officer position(s) must be added to your agency's law enforcement budget with state or local funds for at least one full local budget cycle, above all other locally-funded officer positions (including other School Resource Officers) that would have existed in the absence of the grant. As a result of this requirement, all COPS in Schools applicants must submit the enclosed Retention Plan Certification. ***Failure to submit or accurately complete any of the application materials may adversely affect your agency's eligibility to receive funding.***

II. Executive Information

The law enforcement and government executives that appear in this section must be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Manager, or equivalent for government executives). Listing individuals without financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

Law Enforcement Executive's Name: _____

Title: _____ Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Type of Police Agency:

☐ Municipal

☐ State

☐ County PD

☐ Sheriff*

☐ Tribal*

☐ Transit*

☐ School*

☐ University/College* (☐ Public or ☐ Private)

☐ Public Housing*

☐ New Start-Up* (please specify): _____

☐ Other* (please specify): _____

**** Agency types with an asterisk next to them must complete the additional questionnaire found in this Application Kit, and submit it along with your application.***

Government Executive's Name: _____

Title: _____ Name of Government Entity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Type of Government Entity:

- | | | | |
|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> State | <input type="checkbox"/> City | <input type="checkbox"/> Town | <input type="checkbox"/> County |
| <input type="checkbox"/> Borough | <input type="checkbox"/> Township | <input type="checkbox"/> Territory | <input type="checkbox"/> Region |
| <input type="checkbox"/> Community | <input type="checkbox"/> Pueblo | <input type="checkbox"/> Nation | <input type="checkbox"/> School District |
| <input type="checkbox"/> Village | <input type="checkbox"/> Council | | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Contact Information:

Name of contact person in your agency familiar with this grant:

Title: _____

Telephone: _____ Fax: _____

Email: _____

III. Partner Information

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority within that jurisdiction. ***Please note, you must designate one school official as the school representative under the grant program.***** In the space below, please provide the information for the individual that will be responsible for ensuring that the appropriate school official attends the mandatory COPS in Schools training. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below. In addition, this individual will be required to sign the attached ***COPS in Schools Training Requirement***.

Name of Partner Agency or School District: _____

School Official Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

*****If there are multiple partners involved in this project, please provide the information listed above for each of the partners on the attached "Additional Partner Page" included with this application. However, only one school official per grant award will be permitted to attend the CIS Training***

At the time of application, agencies must include two separate written documents prepared in cooperation with the partner school(s), or school district(s), involved in the program.

The first document is the typewritten Narrative Addendum on department letterhead that outlines the proposed project. For additional information on this requirement, please refer to page 21 of this Application Form.

The second document is the Memorandum of Understanding (MOU) form that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 23 of this Application Form.

In addition, the Retention Plan Certification form must be submitted which outlines your agency's plan to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer position. The law enforcement executive and government executive that are listed on page 4 of this Application Form must sign this form.

COPS In Schools Additional Training Condition

*****Signatures required*****

Please have the Law Enforcement Executive and designated School Representative sign the attached COPS in Schools Training Requirement on page 11.

All agencies receiving awards through the COPS in Schools program are required to send the officer(s) deployed into the School Resource Officer position(s) as a result of this grant, and the individual designated as the School Representative under the grant program, to attend one COPS in Schools Training. The COPS Office will reimburse grantees for training per diem, travel, and lodging costs for attendance of required participants up to a maximum of \$1,100 per person attending. Should your agency receive a COPS in Schools grant, your agency will receive additional training information following notification of the grant award.

IV. Department Information:

Population served (2000 U.S. Census): _____

and square miles covered: _____

Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, a sheriff's department must exclude populations and areas covered by a city police department for which the sheriff's department does not have primary law enforcement authority.

Current budgeted locally-funded sworn force strength as of the date of this application:

Full-time officers: _____ Part-time officers: _____

The budgeted locally-funded sworn force strength is the number of sworn officers your department has allocated for in its budget, including state and locally funded vacancies. Do not include unpaid/reserve officers, COPS-funded positions (unless they are in the locally-funded retention period), or detention staff unless they perform police functions.

Current actual locally-funded sworn force strength as of the date of this application:

Full-time officers: _____ Part-time officers: _____

The actual locally-funded sworn force strength is the actual number of sworn officers employed by your department as of the date of this application. Do not include vacant state or locally-funded positions, COPS-funded positions (unless they are in the locally-funded retention period), or unpaid/reserve positions.

V. Officer Request Information:

What is the total number of new officer position(s) for which you are now applying under this COPS in Schools application?

Full-time: _____ Part-time: _____

Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support.

****Total amount of federal funds requested for all full-time and part-time officer positions: \$ _____***

****Total amount of non-federal matching funds required (local share):***

\$ _____

**** To answer these questions, complete the COPS in Schools 2002 Budget Information Worksheets provided in these Application Forms. Please note the attached budget worksheets should be completed for one officer; as a result, please remember to multiply by the total number of officers requested.***

I certify that the information provided on this form and the attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS grants may result in fines, imprisonment, debarment from participating in federal grants or contracts, and/or any other remedy available by law to the Federal government.

Additionally, I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of federal law. In addition, my signature certifies that this application requests funding only for positions that would not be otherwise funded in my agency's budget with state, local or Bureau of Indian Affairs funds.

Law Enforcement Executive's Signature:

(Signature of person named in Section II of this form)

Date: _____

Government Executive's Signature:

(Signature of person named in Section II of this form)

Date: _____

School Official's Signature:

(Signature of person named under Section III "Partner Information" as the designated School Representative for this grant program and the required training.)

Date: _____

Please return one original and two copies of all application materials. Please be sure to include the Memorandum of Understanding (MOU), Narrative Addendum, Assurances, Certifications, Budget Information Worksheets, Retention Plan Certification, and any additional information necessary to complete your request for grant funding. Completed application kits should be mailed to:

***COPS in Schools Control Desk
U.S. Department of Justice, COPS Office
1100 Vermont Avenue, NW
7th floor
Washington, DC 20530 (please use 20005 zip code for overnight mail)***

Note: Original signatures are required on the original application to process all funding requests. Faxed copies will NOT be accepted. Applications postmarked after the final application deadline date will not be considered.

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation.

Additional Partner Page (If applicable)

This form is only required if your agency is partnering with more than one school or school district. If your partnership involves multiple school partners, your agency must provide the attached information for each school or school district. ***This form must be signed by both the school official and the law enforcement executive and returned at the time of application.***

Name of Partner Agency or School District: _____

School Official Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

(Signature of School Official)

Date

(Signature of Law Enforcement Executive)

Date

COPS in Schools Training Requirement

Award recipients of the COPS in Schools grant program are required to attend one COPS in Schools regionally-based training workshop. The Office of Community Oriented Policing Services (COPS) will be the sole provider of this training workshop should your agency receive a COPS in Schools grant. If awarded, this training requirement must be completed within the original 36-month grant period unless an extension is authorized by the COPS Office.

This training requirement will be a grant condition that requires your agency to send the specific COPS in Schools officer(s) who will be deployed into the school(s) as a direct result of receiving the grant to this training should your agency be awarded. This condition also requires that one representative from the specific school or school district into which the officer(s) will be deployed to attend this training along with the COPS in Schools officer(s). The school representative must be an administrator with decision-making authority and be directly involved with the COPS in Schools program. Regardless of the number of schools or school districts involved in this partnership, only one school representative per grant will be permitted to attend the training. The COPS Office will pay for the training, travel, lodging and per diem for the required participants up to a maximum of \$1,100 per participant. Due to space limitations, non-required participants will not be permitted to attend this training at their own expense.

Should your agency receive a COPS in Schools grant, information with respect to training opportunities will be forwarded to your agency following the official notification of the grant. Failure to comply with this grant condition by not attending the required training, or by sending incorrect personnel to attend training, may result in the withholding of future COPS grants or other federal funding, as well as any other available legal remedies.

By signing this document, the signatory officials indicate their understanding of, and agreement to abide by, the aforementioned grant condition. I understand that this training requirement is contingent upon the award of a COPS in Schools grant to my agency.

Signature of Law Enforcement Executive

Signature of School Representative

Printed Name of Law Enforcement Executive

Printed Name of School Representative

Date

Date



Certifications

Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements Coordination with Effected Agencies; Non-Supplanting; and Retention.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirement of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -

- (a) The dangers of drug abuse in the workplace;
- (b) The grantee's policy of maintaining a drug-free workplace;
- (c) Any available drug counseling, rehabilitation and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;

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(iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);

(iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -

- (a) Abide by the terms of the statement; and
- (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, DC 20530. Notice shall include the identification number(s) of each affected grant;

(vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -

- (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;

(vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Section 67.630 of the regulations provides that a grantee that is a state may elect to make one certification in each federal fiscal year, a copy of which should be included with each application for Department of Justice funding. States and state agencies may elect to use OJP Form 4061/7.

Check ☐ if the state has elected to complete OJP Form 4061/7.

4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be effected by the applicant's grant proposal if approved. Effected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all effected agencies.

Grantee Name and Address: _____

Application No. and/or Project Name: _____ Grantee IRS/ Vendor Number: _____

Typed Name and Title of Law Enforcement Executive: _____

Signature: _____ Date: _____

As the duly authorized representative of the governing body, I hereby certify that I am binding the governing body to the above certifications. Elections of new officials will not relieve the governing body of its obligations under this grant.

Typed Name and Title of Government Executive: _____

Signature: _____ Date: _____



Assurances

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that you (the applicant) will comply with these provisions. If you would like further information about any of the matters on which we seek your assurance, please contact us.

By your authorized representative's signature, you assure us and certify to us that you will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, you assure us that:

1. You have been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on your behalf are authorized to do so and to act on your behalf with respect to any issues that may arise during processing of this application.
2. You will comply with the provisions of federal law which limit certain political activities of your employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. You will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if they apply to you.
4. You will establish safeguards, if you have not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. You will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. You will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant; with the program guidelines; with the requirements of OMB Circulars A-87 (governing cost calculations) and A-133 (governing audits); with the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; with 28 CFR Part 66 (Uniform Administrative Requirements); with the provisions of the current edition of the appropriate COPS grant owner's manual; and with all other applicable laws, orders, regulations or circulars.
7. You will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in your agency.
8. You will not, on the grounds of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-

discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.

A. In the event that any court or administrative agency makes a finding of discrimination on the grounds of race, color, religion, national origin, gender, disability or age against you after a due process hearing, you agree to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, DC 20531.

B. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEOP") or EEOP short form (if grantee is required to submit an EEOP under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEOP Certification. Grantees of less than \$25,000 are not subject to any EEOP requirement.

9. You will insure that the facilities under your ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that you will notify us if you are advised by the EPA indicating that a facility to be used in this grant is under consideration for listing by EPA.

10. If your state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, you have made this application available for review by the state Single Point of Contact.

11. You will plan to retain each COPS-funded position with state and/or local (non-COPS) funds after the conclusion of your grant.

12. Your agency will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant.

I hereby certify compliance with the above assurances that govern the application and use of federal funds.

Signature: _____ Date: _____

Disclosure of Lobbying Activities

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered federal action.

(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20530.

Disclosure of Lobbying Activities

Approved by OMB
O348-0046
(as amended)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for instructions and public burden disclosure)

1. Type of Federal Action: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: _____ a. bid/offer/application b. initial award c. post-award	3. Report Type: _____ a. initial filing b. material change <i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known:</i> Congressional District (number), if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (number), if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	10. b. Individuals Performing Services (including address if different from No.10a) (last name, first name, MI):	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	

Federal Use Only:

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Updated: February 14, 2002
e02021440



Retention Plan Certification

Office of Community Oriented Policing Services (COPS)

Instructions:

All agencies applying for COPS in Schools grant monies to hire additional officer positions must submit this Certification with their application. Please review the COPS retention requirements thoroughly in the "How to Apply" section of the Application Instructions before signing this form. If you have questions, please call the U.S. Department of Justice Response Center at 1.800.421.6770, and ask to speak with your Grant Program Specialist.

I. COPS in Schools grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer's position. The additional officer positions should be added to your agency's law enforcement budget with state or local funds for at least one full local budget cycle, over and above all other locally-funded officer positions (including other School Resource Officers) that would have existed regardless of the grant, from the time that the 36 months of grant funding for each COPS position expires. Absorbing COPS in Schools officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement.

We, _____, certify that we have read and understand the COPS Office retention requirements.

(Applicant's Legal Name)

Furthermore, we certify that if awarded, our agency plans to comply, in full, with those requirements.

II. Use the space below to explain how your Department currently plans to retain any additional officer position(s) awarded. Please be as specific as possible about the anticipated source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. If additional space is needed, please continue your explanation on Department letterhead. A missing or incomplete response could affect your ability to receive funding.

III. Law Enforcement Executive

Name: _____

Title: _____

Date: _____

Signature: _____

(both signatures are required)

Name: _____

Title: _____

Date: _____

Signature: _____

Government Executive

COPS in Schools Narrative Addendum

(Submissions not to exceed 10 pages.)

Agencies that seek funding under this program are required to submit a separate typewritten Narrative Addendum addressing each of the following four areas. Agencies may provide supporting documentation in the following areas if relevant information is available. Please do not include any confidential data or reports with your application. This Narrative Addendum will be taken into consideration during the application review and approval process.

■ ***Problem Identification and Justification:***

Problem Identification: Please provide information on current problems occurring in and around the primary and secondary partner school(s) involved in this grant proposal (for example, drug use or gang activity within the schools). All problems addressed in supporting documentation should be explained under this problem identification section.

Justification: Documentation such as crime data as it relates specifically to the schools; information on gang members in a particular school; the number of suspensions and expulsions related to identified problems; school specific surveys; complaints from the community; etc.

■ ***Community Policing Strategies to be Used by the Officers:***

Please provide information on the proposed activities to be performed by the SRO(s) or in which they will participate. Please outline specific examples and provide as much detail as possible. Some strategies may include conflict mediation, mentoring activities, gang mediation, problem solving projects, truancy programs, etc.

■ ***Quality and Level of Commitment to the Program:***

Please provide assurance that the officer(s) employed under this program will be assigned to work in and around primary or secondary schools 75% of their time; the number of years that the proposed program will be implemented, and evidence of previous successes in schools or conducting collaborative problem solving with youth in the community. Please also include a description of the impacted or targeted areas, including the number of schools, number of students, and demographic information for the student population.

■ ***Link to Community Policing:***

Agencies that seek funding under this program must provide information on how the community policing strategies proposed for the School Resource Officer as outlined above will link to the overall organizational community policing strategy of your agency.

Memorandum of Understanding Requirement

Please note: The following information is the minimum amount that is required to fulfill the COPS in Schools Memorandum of Understanding requirement. The COPS Office strongly encourages your agency to work collaboratively with your school partner or partners to formulate additional information that will assist with the successful implementation of your overall school safety plan. Only one Memorandum of Understanding should be submitted per application regardless of the number of school partners. If multiple school partners are involved, please ensure that each partner is represented. Please feel free to provide any additional information that may be pertinent to the grant program or its management.

The COPS in Schools (CIS) grant program offers law enforcement agencies the opportunity to perform community policing while in school buildings or on school property. School Resource Officers (SROs) who perform their duties in primary or secondary school buildings and/or on school grounds will enhance the services provided to the school population, including students and faculty/staff.

To ensure collaboration between the law enforcement agency and the educational community, all applicants must submit a Memorandum of Understanding (MOU) for the CIS grant program. The MOU is an agreement between parties that defines the roles and responsibilities of the individuals and partners involved, including School Resource Officers (SROs), school officials, law enforcement and education departments, students and parents.

Please complete this MOU form in a cooperative effort to ensure input from all partners involved in the program. If you require additional space to address Sections A-J, please be sure to clearly identify your response with the appropriate ***section title (e.g., Mission Statement) and letter (e.g., A, B, C)*** to which the information corresponds. Failure to respond to any of these criteria/questions may delay the processing of your application, and could ultimately result in the denial of your application. Please ensure all information is ***typewritten***.

Agency Legal Name:

School Partner(s) Name:

Agency ORI: _____

A. Mission Statement

(This statement may already exist within your on-going partnership, or may need to be developed jointly to assist in defining the primary purpose of your partnership, and the differences your mission will make within your community.)

B. Description of General Duties

(This brief description should include proposed programs, daily activities, and/or projects, etc. that the SRO will develop and/or administer. A more detailed description of your community policing strategies is also required to be included in your Narrative Addendum, which will be reviewed independently.)

C. Desired Outcomes

(This information may outline the goals and objectives of your partnership that your agency hopes to achieve should your agency receive a CIS grant.)

****Please provide the name of the agency within your partnership that will be responsible for overseeing the following roles and responsibilities as they pertain to grant requirements and administrative procedures:**

D. Receipt and Disbursement of Grant Funds

(This entity will be responsible for oversight of grant funds to ensure they are used appropriately as outlined by the grant conditions. This must be the legal applicant of the CIS grant.)

(Name of the law enforcement agency or governing jurisdiction that will be responsible for this task.)

E. Programmatic Reporting

(Progress reports are required on an annual basis, and request information on the status of your program, to include officer hiring training and school-related community policing activities performed by your officer(s).)

(Name of law enforcement agency and/or school partner that will be responsible for this task.)

F. Financial Reporting

(Financial Reports (SF-269) must be submitted on a quarterly basis and outline the amount of monies spent, including federal expenditures, local matching contributions, and the un-obligated balance of the award. This must be the legal applicant of the CIS grant.)

(Name of the law enforcement agency or governing jurisdiction that will be responsible for this task.)

Please address the following grant program issues:

G. Information Sharing

(This section may address the type and the extent to which information will be shared between the law enforcement agency and school or school district partner(s) throughout the course of the grant. For example, the type of information that the school is permitted/willing to share with law enforcement, as well as information flow from law enforcement to the school partner(s).)

H. Supervision Responsibility and Chain of Command for the SRO

(This section should clearly establish a definitive chain of command for the SRO, including the individual(s) responsible for the supervision of the SRO.)

I. Decision-making Authority Regarding Enforcement of Applicable Laws and Procedures by the SRO

(This section outlines the mutual understanding between the law enforcement agency and school or school district partner(s) with regard to the scope of authority of the SRO(s) to enforce state, local, and federal laws.)

J. Evaluation of the Program/Grant Project

(This section identifies the partner(s) responsible for any evaluation of the overall effectiveness of the SRO program.)

The MOU must be signed by both the highest-ranking law enforcement executive and the school official(s) who will have general educational oversight and decision-making authority for this grant program.

My signature certifies that the SROs deployed into the schools as a result of receiving a COPS in Schools grant will spend at least 75% of their time in and around primary or secondary schools.

Law Enforcement Executive's Signature

Date

School Official's Signature

Date

*****If partnering with more than one school or school district, you are required to provide additional signatures.***

Special Department Questionnaire

Please answer the following questions if the applicant is a special department (established or start-up) as defined in the Application Instructions booklet on page 4. Attach additional pages as needed.

1. Do officers have primary law enforcement authority for the population served? If not, what is the name of the agency with which you share jurisdiction?

2. What legislation authorizes officers to have police officer status and enforcement authority?

Check all that apply ☐ State ☐ Local ☐ Both

****As an application requirement, your agency is required to submit a copy of the legislation that documents your enforcement authority.**

3. Do officers have full and unrestricted arrest authority? If not, what are their limitations?

4. Do officers have full powers over the entire jurisdiction? If not, what area(s) are they restricted to? (e.g., parks, campus, etc.)

5. Do officers provide full police services 24 hours a day, 7 days a week? If not, what are their hours?

If you have questions about applying for officers under the CIS Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 1.800.421.6770.

Sheriff's Department Questionnaire

Please answer the following questions if the legal applicant is a sheriff's department (established or start-up) as defined in the Application Instructions booklet on page 4. Attach additional pages as needed.

1. What is the actual population for which your department has primary law enforcement authority? (In other words, the service population minus the incorporated towns and cities that have their own police departments.)

2. Does your agency have primary law enforcement authority over the partner school(s) into which you plan to deploy the SRO? If not, please list the name of the agency that has the primary authority over the school(s).

3. In the space below, please break down the time spent by your entire department on different types of activities. For example: 50% law enforcement duties; 30% courthouse/bailiff duties; 20% jail duties (total should equal 100%).

4. Of the total amount of time spent on law enforcement duties (as indicated in question #2), what percentage of that time is spent specifically on community policing activities?

5. Please briefly describe some of the community policing activities your department participates in and/or coordinates.

If you have questions about applying for officers under the CIS Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 1.800.421.6770.

Start-up Department Questionnaire

Please answer the following questions if the legal applicant is a start-up agency (of any type) as defined in the Application Instructions booklet on page 5 . Attach additional pages as needed.

1. a. Are any law enforcement services currently provided to your jurisdiction by an existing agency, such as a sheriff's department or a neighboring jurisdiction's police department?

b. If the answer is yes, what is the name of the other agency, and is it considered a contractual agreement? For additional information on contractual agreements please see page 15 of the Application Instructions.

2. Has your jurisdiction passed an ordinance, law, or other resolution formally establishing a law enforcement agency? If yes, please include a copy of this ruling or legislation. If no, your application cannot be considered for funding until a resolution establishing a law enforcement agency has been passed and submitted to the COPS Office. This resolution must be passed on or before the final June 14, 2002 application deadline date.

3. Why is your jurisdiction now creating a start-up agency?

Start-up Department Questionnaire (page 2)

4. Does your jurisdiction have a written community policing plan? If yes, please include a copy of that plan. If not, please specifically outline the community policing activities currently occurring in and around your primary and secondary schools, or list activities that your agency plans to implement should this grant be awarded.

5. If your jurisdiction is required to contribute a local match (only if your total project for the three-year grant period exceeds \$125,000 per entry-level position), does your agency have funding available for this match? If so, what source of funding does your agency plan to utilize for the local match?

6. Please provide a brief explanation of the following (include supporting documentation if appropriate):
 - a. Department budget plan
 - b. Equipment purchase plan (cars, weapons, uniforms, etc.)
 - c. Training plan for the officer(s)
 - d. A timetable for the implementation of these plans

If you have questions about applying for officers under the CIS Program, please contact your COPS Grant Program Specialist through the U.S. Department of Justice Response Center at 1.800.421.6770.



COPS in Schools 2002 Budget Information

Applicant Legal Name: _____ ORI Code (Assigned by FBI): _____

This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officer positions, Parts II and III if you are requesting part-time officer positions, and all three parts if you are requesting full and part-time officer positions. **Your agency is required to list the entry-level salary and fringe benefits for an officer position within your agency. The maximum federal funding permitted per full-time officer position through the CIS program is \$125,000. All budget figures should be rounded to the nearest whole dollar.**

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

Part I: Complete if your agency is requesting full-time officers

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

1. Cost Per Full-Time Officer – Year 1

Current Annual Entry-Level Base Salary \$ _____ % of base salary

Enter the base annual salary that your department currently pays a new, entry-level officer.

Annual Fringe Benefits:

*Please refer to Part III, Question 4.

*Social Security	\$ _____	_____ %
*Medicare	\$ _____	_____ %
Health Insurance	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Vacation	\$ _____	_____ %
Sick Leave	\$ _____	_____ %
Retirement	\$ _____	_____ %
*Worker's Comp.	\$ _____	_____ %
*Unemployment Ins.	\$ _____	_____ %
Other _____	\$ _____	_____ %
Other _____	\$ _____	_____ %

Cost for Social Security may not exceed 6.2%. If exempt check here ☐

Cost for Medicare may not exceed 1.45%. If exempt check here ☐

Costs toward health insurance coverage; please indicate if

this is for **Family Coverage** ☐ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: _____

Sick leave costs, if not included in base salary. # of hours annually: _____

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits

\$ _____

Sum of department fringe benefit costs for Year 1.

Total Year 1 Salary and Benefits

\$ _____

Year 1 base salary plus Year 1 fringe benefits.

2. Cost Per Full-Time Officer – Year 2

Current Annual Entry-Level Base Salary \$ _____ % of base salary

Annual Fringe Benefits:

*Social Security	\$ _____	_____ %
*Medicare	\$ _____	_____ %
Health Insurance	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Vacation	\$ _____	_____ %
Sick Leave	\$ _____	_____ %
Retirement	\$ _____	_____ %
*Worker's Comp.	\$ _____	_____ %
*Unemployment Ins.	\$ _____	_____ %
Other _____	\$ _____	_____ %
Other _____	\$ _____	_____ %

Total Fringe Benefits \$ _____

Total Year 2 Salary and Benefits \$ _____

3. Cost Per Full-Time Officer – Year 3

Current Annual Entry-Level Base Salary \$ _____ % of base salary

Annual Fringe Benefits:

*Social Security	\$ _____	_____ %
*Medicare	\$ _____	_____ %
Health Insurance	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Vacation	\$ _____	_____ %
Sick Leave	\$ _____	_____ %
Retirement	\$ _____	_____ %
*Worker's Comp.	\$ _____	_____ %
*Unemployment Ins.	\$ _____	_____ %
Other _____	\$ _____	_____ %
Other _____	\$ _____	_____ %

Total Fringe Benefits \$ _____

Total Year 3 Salary and Benefits \$ _____

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐
 Cost for Medicare may not exceed 1.45%. If exempt check here ☐
 Costs toward health insurance coverage; please indicate if this is for Family Coverage ☐ Yes ☐ No

Costs toward life insurance coverage.
 Vacation costs, if not included in base salary. # of hours annually: _____
 Sick leave costs, if not included in base salary. # of hours annually: _____
 Contribution to retirement benefits.
 Costs of worker's compensation. (See Part III, Question 4)
 Costs of unemployment insurance. (See Part III, Question 4)
Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐
 Cost for Medicare may not exceed 1.45%. If exempt check here ☐
 Costs toward health insurance coverage; please indicate if this is for Family Coverage ☐ Yes ☐ No

Costs toward life insurance coverage.
 Vacation costs, if not included in base salary. # of hours annually: _____
 Sick leave costs, if not included in base salary. # of hours annually: _____
 Contribution to retirement benefits.
 Costs of worker's compensation. (See Part III, Question 4)
 Costs of unemployment insurance. (See Part III, Question 4)
Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

PART II: Complete if your agency is requesting part-time officers

Note: There is a funding cap for part-time officers in proportion to the number of hours worked (e.g., 20 hours/40 hour week = .5 full-time equivalent officer. Part-time federal share cap = $0.5 \times \$125,000$ (maximum allowed) = \$62,500).

- Part-time Hours:** What is the average number of hours per week that your part-time COPS officer will work? _____
 How many hours per week is considered full-time employment? _____
 What is the average number of hours per year that your part-time COPS officer will work? _____
 What is the hourly rate for the part-time COPS officer? _____
 Multiply the hourly rate by the average number of hours per year that the part-time COPS officer will work, and enter this amount below on the base salary line (A).

2. Cost Per Part-Time Officer – Year 1

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

Current Annual Entry-Level Base Salary (A)	\$ _____	% of base salary	Enter the base annual salary that your department currently pays a new, entry-level part-time officer.
Annual Fringe Benefits:			
* Please refer to Part III, Question 4.			
*Social Security	\$ _____	_____ %	Cost for Social Security may not exceed 6.2%. If exempt check here <input type="checkbox"/>
*Medicare	\$ _____	_____ %	Cost for Medicare may not exceed 1.45%. If exempt check here <input type="checkbox"/>
Health Insurance	\$ _____	_____ %	Costs toward health insurance coverage; please indicate if this is for Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____	_____ %	Costs toward life insurance coverage.
Vacation	\$ _____	_____ %	Vacation costs, if not included in base salary. # of hours annually: _____
Sick Leave	\$ _____	_____ %	Sick leave costs, if not included in base salary. # of hours annually: _____
Retirement	\$ _____	_____ %	Contribution to retirement benefits.
*Worker's Comp.	\$ _____	_____ %	Costs of worker's compensation. (See Part III, Question 4)
*Unemployment Ins.	\$ _____	_____ %	Costs of unemployment insurance. (See Part III, Question 4)
Other _____	\$ _____	_____ %	Costs of equipment, training, uniforms, vehicles and overtime are not permitted.
Other _____	\$ _____	_____ %	

Total Fringe Benefits \$ _____ Sum of department fringe benefit costs for Year 1.

Total Year 1 Salary and Benefits \$ _____ **Year 1 base salary plus Year 1 fringe benefits.**

Applicant Legal Name: _____ ORI (Assigned by FBI): _____

3. Cost Per Part-Time Officer – Year 2

Current Annual Entry-Level Base Salary (A) \$ _____ % of base salary

Annual Fringe Benefits:

*Social Security	\$ _____	_____ %
*Medicare	\$ _____	_____ %
Health Insurance	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Vacation	\$ _____	_____ %
Sick Leave	\$ _____	_____ %
Retirement	\$ _____	_____ %
*Worker's Comp.	\$ _____	_____ %
*Unemployment Ins.	\$ _____	_____ %
Other _____	\$ _____	_____ %
Other _____	\$ _____	_____ %

Total Fringe Benefits

\$ _____

Total Year 2 Salary and Benefits

\$ _____

4. Cost Per Part-Time Officer – Year 3

Current Annual Entry-Level Base Salary (A) \$ _____ % of base salary

Annual Fringe Benefits:

*Social Security	\$ _____	_____ %
*Medicare	\$ _____	_____ %
Health Insurance	\$ _____	_____ %
Life Insurance	\$ _____	_____ %
Vacation	\$ _____	_____ %
Sick Leave	\$ _____	_____ %
Retirement	\$ _____	_____ %
*Worker's Comp.	\$ _____	_____ %
*Unemployment Ins.	\$ _____	_____ %
Other _____	\$ _____	_____ %
Other _____	\$ _____	_____ %

Total Fringe Benefits

\$ _____

Total Year 3 Salary and Benefits

\$ _____

Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their second year.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐

Cost for Medicare may not exceed 1.45%. If exempt check here ☐

Costs toward health insurance coverage; please indicate if this

is for **Family Coverage** ☐ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: _____

Sick leave costs, if not included in base salary. # of hours annually: _____

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits

Enter the base annual salary that your department currently pays a new, entry-level part-time officer in their third year.

Cost for Social Security may not exceed 6.2%. If exempt check here ☐

Cost for Medicare may not exceed 1.45%. If exempt check here ☐

Costs toward health insurance coverage; please indicate if this

is for **Family Coverage** ☐ Yes ☐ No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: _____

Sick leave costs, if not included in base salary. # of hours annually: _____

Contribution to retirement benefits.

Costs of worker's compensation. (See Part III, Question 4)

Costs of unemployment insurance. (See Part III, Question 4)

Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

Applicant Legal Name: _____ ORI (Assigned by FBI): _____

PART III: Budget Summary (All applicants must complete this section)

After completing Part I and/or Part II of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for the worksheet. Be sure to answer **EVERY** question. Missing or erroneous information could significantly delay the review of your agency's COPS in Schools request.

1. If your department's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below:

☐ Cost of living adjustment (COLA) ☐ Step raises ☐ Changes in benefit costs ☐ Other (attach an explanation)

2. Many state and municipal agencies that receive federal grants are required to have audits of those grants forwarded to a single federal agency (e.g., Justice, HUD, HHS, Transportation, etc.). Please do not enter state or local auditor information. The single federal agency where such audits are sent is known as your "Cognizant Federal Agency." Please enter the name of your Cognizant Federal Agency (typically the federal agency that provides your department with the most federal funding) in the space provided. If your department does not receive federal funds, enter "U.S. Department of Justice."

3. Starting date of your fiscal year: _____ / _____ / _____ Ending date: _____ / _____ / _____
Month Day Year Month Day Year

4. *IF NO FUNDS WERE BUDGETED FOR 1) SOCIAL SECURITY, 2) MEDICARE, 3) WORKER'S COMPENSATION, AND/OR 4) UNEMPLOYMENT INSURANCE, YOUR AGENCY MUST PROVIDE AN EXPLANATION FOR EACH OMISSION BELOW:

Applicant Legal Name: _____ ORI (Assigned by FBI): _____

5. Please complete the following 3-year projection, showing how the federal share and your local matching share (if applicable) will change year by year for one officer. If your total 3-year project cost per officer is \$125,000 or less, your agency does not have a local match. However, if your total 3-year project cost per officer is greater than \$125,000, then your agency's local match is the difference between the total project cost and \$125,000. If a local match is required, the federal share for the total salary and benefits must decrease each year leading to full local funding of the grant officer's position at the conclusion of the 36-month grant period. In contrast, your local match must increase each year. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officers' salaries and benefits paid with local funds must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2.

**Three-year salary and benefit costs per full-time position	YEAR 1	YEAR 2	YEAR 3	TOTAL – 3 YEARS
Federal Amount *The Federal Share may not exceed \$125,000 (Percentage must decrease each year)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00
Local Amount (if applicable) (Percentage must increase each year)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00
Total Salary & Benefits (Federal Amount plus Local Amount)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00

**Three-year salary and benefit costs per part-time position	YEAR 1	YEAR 2	YEAR 3	TOTAL – 3 YEARS
Federal Amount (Percentage must decrease each year)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00
Local Amount (if applicable) (Percentage must increase each year)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00
Total Salary & Benefits (Federal Amount plus Local Amount)	\$ _____,00	\$ _____,00	\$ _____,00	\$ _____,00

Applicant Legal Name: _____ ORI (Assigned by FBI): _____

Certification and Contact Information for Budget Questions

The undersigned attests to the accuracy of the budget information provided in this worksheet.

I certify that the information provided on this form is true and accurate to the best of my knowledge:

Authorized Official's Typed Name: _____ Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____